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MAIN TEXT

Is the Art of Nursing Dying? A Call for Political Action

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Introduction

Florence Nightingale is regarded to be the founder of modern nursing, and emphasized the role of nursing as an art and a science (Nightingale, 1859). For Nightingale, the art of nursing was the creation of environments that foster patient healing and the restoration of health. However, in modern clinical practice, nurses are being over-whelmed by their environments due to increasing external pressures such as rising bed occupancy rates, chronic nursing shortages and shrinking budgets (Appleby, 2016; Wray, 2013). The capacity of nurses to create a climate of healing seems to have been replaced by the need to complete tasks at a frantic pace and rush patients to discharge; 86% of nurses recently reported that they were unable to complete care due to a lack of time, and 66% of nurses reported that they do not have time to comfort or talk with patients (Ball et al., 2013). The inability of nurses to complete care has repercussions not only on patient experience and mortality but also on staff morale and well-being (Ball et al., 2013; Griffiths et al., 2016; Maben et al., 2007). Indeed, there is a plethora of research evidence that supports the value of and need to support nursing in clinical practice, yet policy makers continue to implement strategies that do not reflect research findings. In this article, Nightingale's work is reconsidered in parallel to modern nursing challenges, with a call to action for nurses across the profession.

At first glance, it would seem that nursing has changed dramatically since Nightingale's day. The new millennium saw the birth of critical care and with it increasingly complex interventions and sophisticated technology, which required nurses to adapt and learn the knowledge and skills needed to nurse patients in highly-technological environments (Crocker, 2007). Nurse education has continued to grow and evolve, with many nurses now required to have a higher education degree if they wish to enter the profession (Robinson and Griffiths, 2007). Nursing roles have expanded to include expert practitioners such as Clinical Nurse Specialists, Nurse Practitioners and Nurse Consultants. Nurses are increasingly conducting their own research, and leading innovations in healthcare (RCN, 2015). Yet despite these positive changes and the differences in political climates, many of Nightingale's struggles remain relevant for modern nursing.

Although the focus of this article is the UK context, the exemplars are relevant for all nurses because they reflect universal nursing issues such as professional autonomy and respect, equality, and safe and supportive working conditions. For context, the UK currently consists of four countries with four different health systems and that whilst Northern Ireland, Scotland and Wales make their own health legislation, the UK government controls legislation in England only (Greer, 2007). England does however legislate for the professional regulator, the Nursing and Midwifery Council (NMC) and so whilst country-specific legislation may not affect all nurses, legislation that affects the NMC does. For example, the introduction of safe minimum staffing levels was introduced by the Welsh government and so affects only those nurses working in Wales; whereas the NMC's recent requirement for revalidation affects all registered nurses. The following sections explore three of nursing's most pressing challenges, both historically and currently: respect for skill in nursing work, funding and remuneration, and nursing education.

Continued Challenges

With the passing of The Nurse Registration Act in 1919, the nursing register was created and nursing became a regulated profession in the UK. This would have seemingly cemented nursing's role as a valid profession of skilled practitioners; however, this has not been the case. Gamarnikow (1978) discusses some of the reasons why the gendered nature of nursing has been problematic for the profession. Firstly, although Nightingale was motivated to open up non-industrial occupations to women, many in the medical professions opposed the occupational independence of nursing. Therefore, in order to foster credibility, Nightingale borrowed from established scientific and medical practices and placed emphasis on moral virtue for nurses (Wuest, 1994; Gordon and Nelson, 2006). This was important given that nurses were single women entering the workforce, which was problematic when nurses' duties would include things like bathing men (Gordon and Nelson, 2006). Nightingale, who was herself deeply religious, borrowed from a religious model and aligned nurses with nuns, as women of virtue who were fulfilling a calling (Gordon and Nelson, 2006). Nightingale used the gender distinction of female nurses to male doctors to reinforce nursing work as different from medicine and despite attempts to promote the autonomy of nursing, ultimately this seems to have entrenched nurses as subservient to physicians in terms of hospital hierarchy and political power (Wuest, 1994; Yam, 2004).

The concept of the 'good' nurse became synonymous to the 'good' woman; nursing work became associated with domestic household labour and perceived as essentially feminine

(Gamarnikow, 1978). Nursing as a profession developed within a context in which the doctor/nurse relationship came to mirror the husband/wife dyad and the nurse was subordinate to the physician (Gamarnikow, 1978). It is not a critique of Nightingale that nursing developed in this context, for Nightingale the aim was to create jobs in healthcare for women and not to challenge the hierarchy (Gamarnikow, 1978). As Hektor (1994) states, Nightingale was an “insider”, “constantly trying to improve the existing order, while always working within that order” (p.42). Indeed, Nightingale’s relationship with the early women’s movement was undoubtedly complex and it was her emphasis on advocacy and the continuing professionalization of the nursing profession which “provoked fear” in the medical profession that is testament to her reputation as a rebel and an activist (p.104 Garmarnikow, 2014; Rafferty and Wall, 2010). The legacy of women doing caring work continues today as the burden of care still falls disproportionately on women (Nussbaum, 1999; Hektor, 1994).

Nurses still struggle to be respected as autonomous professionals, often treated and regarded instead as ‘artificial persons’ (Liaschenko, 1995); a person who speaks or acts on behalf of someone else. Nurses act not only on behalf of patients by advocating for their best interests but also on behalf of the multi-disciplinary team since they are charged with the responsibility of carrying out plans of care. Sometimes, the aims of nurses and the medical team are not the same, and nurses are required to carry out plans of care they do not agree with; Liaschenko (1995) argues that this results in a loss of agency and can cause nurses to experience psychological harm, which is damaging to their sense of personal and professional identity. Nurses continue to struggle in the hierarchical power structures that operate within healthcare institutions and find that their relational understanding of patients can be dismissed by the “measurable and factual understandings” of doctors (p.472 Stein-Parbury

and Liaschenko, 2007; Peter et al., 2014). That there still seems to be bias in science towards positivist forms of knowledge is problematic for nurses who also possess specialist holistic and relational knowledge, especially as they are required to justify their worth both inside and outside of healthcare institutions (Playle, 1995).

Indeed, like Nightingale, nurses are still required to justify their worth to politicians in order to receive funding and wages for their work. Over 150 years after *Notes on Nursing* was published, nurses in the UK are faced with pay freezes and a 14% real-terms pay cut, to the point of nurses using food banks and hardship grants to support themselves and their families (RCN, 2017b). Nightingale was a staunch advocate for nursing as a paid profession and she argued that nurses “must be paid the market price for their labour” (p.112, Nightingale quoted in Gamarnikow, 2014). In January 2017, *The Telegraph* reported that 96% of UK hospitals were short of nurses and *The Guardian* warned of the impending crisis in UK health and social care; both of these are predicted to worsen once the UK leaves the European Union (Donnelley, 2017; Slawson, 2017). The Institute for Public Policy Research (IPPR) reports that because of the UK’s reliance on EU and non-EU migrant labour, the combined instability of Brexit and government pledges to review non-EU migration, the flow of workers is uncertain (IPPR, 2017). The IPPR (2017) predict that the UK will need to recruit and train millions more healthcare workers to meet demand. Given the projected scale of the shortage, one can conclude that nurses are not being paid the market price for their labour, nor having their essential contributions to healthcare systems recognized. Unfortunately, this trend is not unique to the UK, as nurses in many countries face inadequate remuneration.

Part of the reason that nurses are not being adequately funded is the lack of value given to nursing work. This is evident in healthcare funding policies, and also the demeaning public

criticism of nursing work and education. Many mainstream media outlets have derided nurses for being 'too posh to wash' (Chapman and Martin, 2013). This media portrayal presented the idea that nurses who were gaining degrees would no longer want to wash their patients. This narrative devalued the role of nursing work, and has had considerable, negative implications for the nursing profession (Gillett, 2012). These media portrayals, and subsequent devaluing of nursing work represent a direct threat to the nurse/patient relationship. Carefully and considerately washing one's patient is an expert skill, which enables a nurse to form an intimate bond of empathy and compassion; it is a holistic activity where nurses learn more about their patient, whilst carrying out vital assessments of the skin for pressure damage, assess IV access for phlebitis, and check wounds for any signs of infection (Maben, 2013). This type of work is a valuable part of clinical practice and represents the expert application of knowledge, skills, and judgement (Maben et al., 2007). It is also an opportunity to provide compassion and support to patients, which is labour on the part of a nurse (Smith, 2012). The devaluing of nursing work reflects everyday ethical aspects of nursing- the 'microethics' of clinical practice, where nurses show their human empathy and compassion- shows a disregard for the importance of caring work (Truog et al., 2015). Caring work and forming relationships with strangers is not easy; it is a highly skilled, complex and relational activity and for those reasons providing compassionate care ought to be the responsibility of the most, not least, experienced (Maxwell, 2017). While the value of this work may be evident among nurses, it is concerning that these arguments have not reached or shaped the mainstream conversation about nursing. Nursing is ranked internationally as one of the most trusted professions (Ipsos MORI, 2016); it is alarming that this goodwill towards the profession is not enough to prevent nursing being derided in the media.

The diminishment of nursing work is especially frustrating given the extensive international research on safe staffing and the value of nursing, with the overwhelming conclusion that nurses are the difference between life and death in hospitals (Aiken et al., 2014; Aiken et al., 2002; Griffiths et al., 2016; Ball, 2017). What is especially problematic is that this substantial evidence base exists, yet it seems to be disregarded by policy makers who are enacting changes that are directly contrary to nursing research. It is concerning that nursing research is dismissed so thoroughly by policy makers as not to be included in workforce planning. Efforts to reduce registered nurses (RNs) and replace them with less educated staff disregard the work of many nursing researchers (Ball, 2017); it is unclear if this is because the findings of this research have not been translated to policy makers, or if nursing research is simply being ignored.

The devaluing of nursing work is also reflected in nursing education and workforce policy. Nursing education in England is no longer being funded by bursaries through the National Health Service (NHS), despite a widely-recognized nursing shortage. Despite numerous protests, social media efforts, and modest coverage in the media, last year saw the end of the nursing student bursary, which provided financial support for nursing students. Nursing leaders warned that this would prevent people from applying to nursing courses and that it was likely to affect mature students who wanted to transition into nursing. This was proven to be correct in 2017 when the Royal College of Nursing reported a 23% decrease in applications to nursing courses since the previous year (RCN, 2017a). The Department of Health seem to have ignored research which reports links between safe staffing, decreased mortality and higher patient satisfaction and continue to ignore research which shows links between a more educated nursing workforce and reduced likelihood of mortality. Aiken et al. (2014) explored the correlations between nurse staffing, nurse education and mortality, and

found that every 10% increase in nurses with a Bachelors degree in a clinical setting reduced the likelihood of patient mortality by 7%. Eliminating support for nursing education has serious implications for patient safety and the care that will be provided at the bedside.

Nightingale also faced opposition to establishing nursing schools and obtaining funding.

Physicians and administrators wanted nursing to be an apprenticeship program, so that nursing schools could provide controllable cheap labour (Wuest, 1994). The current climate seems to reflect similar goals of creating a cheap controllable workforce for the NHS.

Nightingale persevered to establish her school of nursing, albeit with compromises to appease the establishment of the day. While this effort was rife with class-related problems,

Nightingale's vision of nurses as autonomous practitioners remains an important one.

Nursing work is being further challenged by a nursing shortage and chronic underfunding of the NHS, which has culminated in the introduction of a new intermediate role, the Nurse Associate (NA). The NA is delegated tasks of physical care whilst the RN carries out other seemingly important tasks such as documentation and medicine management. The implication of this policy agenda from Health Education England (HEE) is that being with the patient isn't the most important role of a nurse, and the fragmentation of the nursing process and de-skilling of nursing work in any setting reflects a lack of value for the comprehensive care that nurses provide. In January 2017, the Nursing and Midwifery Council agreed to regulate this new role and the first cohort of NA trainees were rolled out at 11 test sites in England (RCN, 2017a). This role is problematic, because the education model is one of an apprentice, reflecting a trade level of work. This undermines the professional nature of nursing and its requirement for degree-level entry to practice, and could provide further justification for low wages and lack of support for nursing education. Commentators argue that the NA is "nursing on the cheap" (The Nursing Times, 2017), and that RN

vacancies will be filled with NAs. Over time, this would result in a cheaper, less educated nursing workforce, which could pose threats to patient care and patient safety. The NA role may move RNs farther from patient bedsides in an increasingly managerial role. This was not the intention of nursing clinical practice. As Nightingale wrote, “What is a nurse there for if she cannot observe these things for herself? ...I have known, I say, more accidents, (fatal, slowly or rapidly,) arising from this want of observations among nurses than from almost anything else” [36] Nightingale, 1989). Nightingale worried then whether the value of clinical nursing was declining and nurses are struggling with the same concern now.

A Call to Action

Nurses today face challenges to the profession, just as Nightingale did, and while the context of these challenges is different, nurses can draw inspiration from Nightingale’s political action as well as clinical innovation. Nelson and Rafferty (2010) discuss how although Nightingale was best known for her work to improve care in hospitals and establish formal education for nurses, she was less known for her substantial work in public health and policy. Nightingale was an effective political advocate for nursing, and used her political acumen to fight for credibility and respect (Rafferty and Wall, 2010). This was Nightingale’s art of nursing: the ability to control the nursing environment to create healing spaces for patients. Currently, nurses are being overwhelmed by their environment and that this is damaging to patient care, the nursing profession, and to nurses as individuals. In order for nurses to regain control of their environment they need to return to the roots of nursing and, like Nightingale, become political activists, using their professional power as advocates.

Political engagement and advocacy in nursing can take many forms. The inspiration for both

authors' research began with coffee room debates and informal discussions with colleagues. They found that ethical discussion often doesn't occur by the bedside but instead in the break room, where it cannot be heard by senior clinicians or management. If these discussions are used as a form of fruitless complaint rather than employed critically, then nurses may be characterized as Paley suggests; as producing a "torrent" of "favourite meta-narratives, including not-being-appreciated, powerlessness, and oppression by medicine" (p.264. Paley, 2004). Paley (2004) argues that these themes penetrate throughout nursing, from reflective practice to research methods.

Traynor (2017) provides a few possible explanations regarding why nursing is particularly susceptible to such despondent meta- narratives. Traynor (2017) suggests that nursing "promotes an idealized vision of nursing work along with the identity of the nurse as fully caring and fully autonomous", that is rarely achieved (p.32). Indeed as Maben et al. (2007) have found, although nurses enter the profession with coherent nursing ideals, these ideals are diminished and crushed over time due to the realities of nursing work. Traynor (2017) suggests that although there may be satisfaction in the narrative of suffering, as nurses may perceive themselves as having the 'moral high ground', it is this acquiescence that is actually vital for the functioning of the healthcare system because it prevents nurses from forming an effective group capable of political resistance. He argues that nurses should employ 'critical resilience' to re-orient complaint and criticism into critique which is capable of examining the external forces that help to create poor practice (Traynor, 2017). Traynor (2017) argues that critical resilience has the potential to unite nurses into a community, who can improve their environments. Ultimately, in order for nurses to overcome characterisations such as Paley's, it is vital that nurses also help themselves, which could include using support systems when they are available, creating opportunities to speak up and ensuring nurses are

part of the conversation (Morley, 2016). By trying to capture these informal narratives of nurses through research, nurses can add to a constructive evidence-base, capable of motivating change at policy and administrative level.

In order to change the narrative around nursing, different forms of nursing activism may be required. Just as one selects a research method fitting to a research question, a chosen advocacy platform needs to reflect the issue and the key stakeholders that one needs to influence. One of the most important ways of advocating is to clearly articulate the value of nursing. Nurses often speak of the impact of caring in their roles. The 'caring' card is used as nursing's most potent argument, but it's almost universally acknowledged that caring is being squeezed out of nursing work due to unreasonable workload demands (Maben et al., 2007; Smith, 2012). In front of a panel of people who fund tasks, and allocate funds based on bed flow, patient numbers, and fees, caring is not an effective funding argument, especially when it is not actually happening in the current high demand clinical practice environment. Nurses need a new, cohesive narrative: nursing is expert, skilled, indispensable work for patients and healthcare organizations. By emphasizing the professional nature of nursing and engaging with politics, nurses can gain the power that is commensurate to being the largest healthcare profession (Yam, 2004). Nurses can speak about the complexity of nursing practice, and the essential role of nursing in patient flow, patient safety, and patient experience- to anyone who will listen.

Nurses can also follow Nightingale's example and use innovative ways to demonstrate the impact of nursing. It is generally known that policy makers are not reading academic journals. When one of the authors of this piece asked policy colleagues where their information comes from, the primary sources used were social media, blog posts, and

websites. Nurses need to make sure that information is being shared in innovative ways which will reach their intended audiences. Nightingale created new ways of sharing data through her visual representations of statistics; modern nurses can be inspired to innovate in the same fashion.

Nurses can also use opportunities like the current UK election to put nursing issues on the policy agenda. While elections aren't the only time for political engagement, they do represent a period where political priorities receive more media attention. An election presents a platform to argue for policy strategies such as increases in nursing wages, safe staffing ratios, and restored nursing undergraduate funding. Nurses can also join with colleagues in pharmacy, medicine, and other disciplines to back proposals for improving healthcare systems. Roberts et al. (2009) advocates grass roots action amongst nurses to avoid perpetuating power structures that oppress the profession. Taking inspiration from other countries, nurses can campaign against policies that are in contradiction to our professional values of respecting and upholding people's human rights, including fair access to healthcare and treatments (Japsen, 2017). Nurses can use elections and policy debates as an opportunity to lead politically, and not wait for an invitation. All of these strategies are necessary, given that nursing research is not being used to direct healthcare policy. Otherwise, the profession will remain at the mercy of those who seek to cut costs with little regard for the outcomes.

Table 1: Suggested Action Points

<p>Action points:</p> <ul style="list-style-type: none">• Translate research outcomes to policy makers in ways they can use and understand• Galvanize public support through public engagement and formal/informal conversations• Ensure that research studies include a public engagement¹ strategy as part of dissemination• Stand up to media portrayals of sexualized or diminutive images of nursing• Represent nursing as the complex, skilled work that it is• Connect with elected officials, professional organisations, and other groups influencing healthcare delivery to share concerns• Write a letter to a newspaper, call in to a radio programme, tweet in response to a broadcast, offer to be on television• Write evidence based policy factsheets and/or circulate the same• Participate in direct action, such as marches• Recognize the political nature of nursing work and research, and discuss these implications in publications
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Conclusion

For Nightingale, the art of nursing was the ability to control the circumstances to create an environment where patients can heal. By this definition, the art of nursing is at risk as nurses are being over-whelmed by their circumstances. Other nurses have also urged the profession to defend their skill and knowledge to politicians and the public (Shields and Watson, 2007). It is time for nurses to rediscover the art of nursing through political action and leadership. As the largest group of healthcare providers worldwide, nurses can come together to advocate

¹ The terms knowledge transfer or implementation science may also be used, depending on the region.

for their patients and their profession. Thanks to Nightingale, nursing activism is as old as the profession itself. Modern nurses can be inspired by these historical examples, and continue to create change.

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